2019 REPORTING GUIDE

for Research and Evidence-based Practices in Children's Mental Health

Evidence Based Practice Institute EBPI
UNIVERSITY OF WASHINGTON

UW Medicine
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

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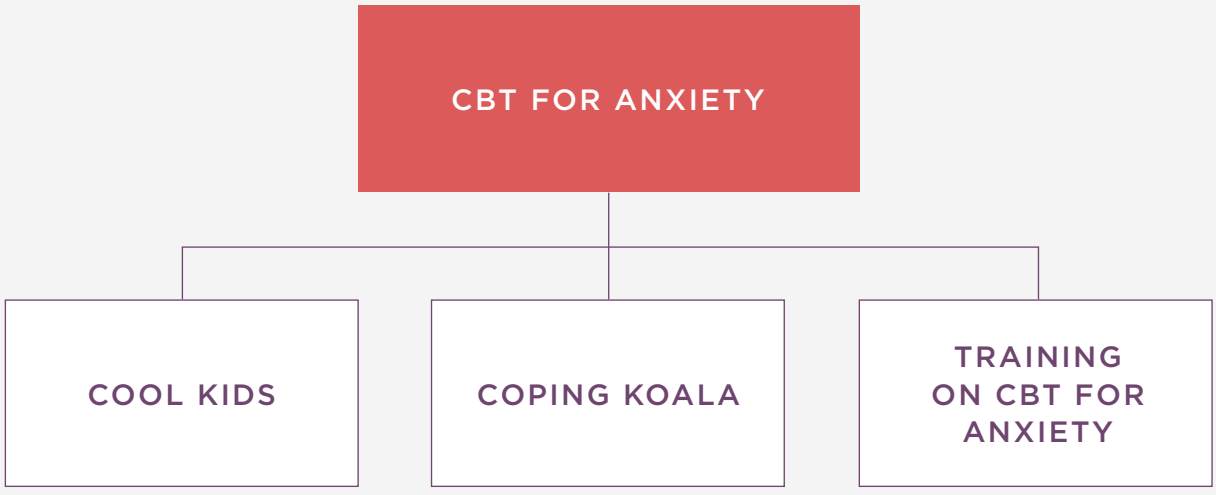
HOW TO USE THIS GUIDE

This guide provides instructions for how to report research or evidence-based practices (EBPs) for children's public mental health care (under 18 years of age) in Washington State. Background on the history and current political climate for supporting research and evidence-based practices is available elsewhere. In this guide, we outline the eligible programs, encounter types, and documentation requirements for reporting an encounter as an EBP.

Washington State adopts an innovative approach to defining and reporting EBP that reflects well-tested clinical treatments and the realities of real world implementation and quality monitoring. The approach emerged over multiple years of collaboration between UW and DBHR including BHO/HCA leaders, providers and researcher/experts in the field. A key innovation in these guides is the use of **generic treatment categories** for EBP reporting.

Generic treatment categories are treatment approaches that cover more than one specific intervention. Interventions within generic treatment categories share a common theory of change and common clinical practices. The use of these generic treatment categories allows the agency to identify and monitor the use of the clinical practices in a way that does not confine therapists to using clinical elements in a specific order. This helps to resolve one challenge healthcare systems face in tracking the use of EBP. The figure below illustrates the relationship between a generic treatment category (CBT for Anxious Children) and the specific interventions falling within that category (Cool Kids, Coping Koala, CBT for Anxiety). The specific interventions all share common clinical practices and are defined by the use of core practices that are essential to the treatment category.

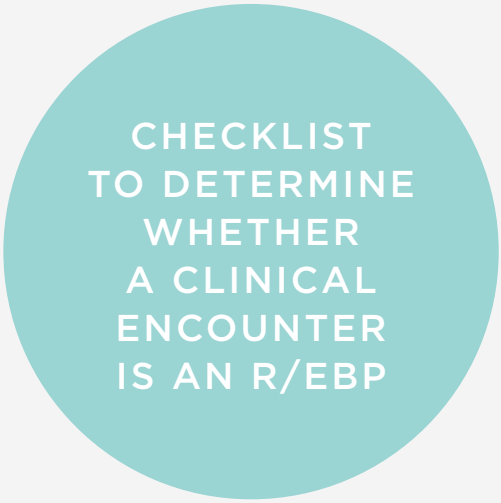
FIGURE 1: The Relationship among Generic Treatment Categories and EBPs



STEPS FOR REPORTING AN EBP

The steps for determining whether one is using an R/EBP are self-determined by the therapist. No additional documentation is required; however, agencies are encouraged to take steps to ensure that therapists understand these guidelines and use them appropriately.

FIGURE 2: Steps for Reporting an EBP



- ◯ **1. Training:** The provider has received an interactive training by an approved training entity.
- ◯ **2. Consultation:** The provider is up to date with the consultation requirements of the training entity.
- ◯ **3. Treatment Plan:** The provider lists the brand name or generic model and at least one essential clinical element consistent with the model in the client treatment plan.
- ◯ **4. Progress Notes:** The provider lists at least one essential or approved clinical element in the progress notes for the indicated client session.

STEP ONE: Approved Training

Approved training entities include the developers of specific interventions as well as training organizations that cover the common clinical elements of a treatment category. Both types of training entities are listed in the Code Tables for the mental health diagnosis areas (pg. 8). The EBPI welcomes suggestions for expanding the training entities included on this list. Trainings must include an interactive component in which the trainee receives some level of skills assessment and is judged to be competent in delivering the treatment. Eligible training entities include the following:

- The trainer has expertise in the treatment area and/or is certified by a training entity listed in the guides. Expertise is defined as an established history of training on the treatment category with a record of previous training in the treatment category area.
- If a trainer cannot point to a history of training on the topic area, the EBPI will review training curricula to ensure the training covers the essential and allowable elements of the clinical practice type in a structured format.
- To count towards EBP, training received during graduate education must include a structured approach to a treatment category (e.g., CBT for Anxiety) that covers essential and allowable elements with supervised practice.

STEP TWO: Consultation following Training

The second step would be for the therapist to ensure they are current with the respective training organization's requirements for ongoing consultation. If the training entity does not require ongoing consultation, the therapist can report the use of an EBP as long as the other documentation requirements are met (below).

STEP THREE: Listing Essential Clinical Elements in the Treatment Plan

When documenting the use of EBP, the provider should note the intended use of the EBP (treatment category or name brand) and at least one essential clinical element in the treatment plan. The essential clinical elements are included in the Core Elements Reporting Guides (pg. 17). Essential elements are identified through systematic reviews of the research literature and in consultation with treatment experts.

STEP FOUR: Listing Essential or Approved Elements in Progress Notes

When documenting the use of EBP, the therapist should note the use of an allowable clinical element (listed in the core elements reporting guides) in the progress note for the session (see Table 1 below for an example).

TABLE 1: Examples of Treatment Plan and Progress Note Documentation

	Name Brand Reporting: TRAUMA	**Treatment Category Reporting: TRAUMA**
Treatment Plan	"TF-CBT to address trauma-specific impact. The treatment plan will follow the TF-CBT acronym PRACTICE and will include a trauma narrative and processing."	"CBT for trauma. Will include the components of psychoeducation, coping skills training and directly addressing the trauma through exposure."
Session Progress Note	"Psychoeducation and exposure: Presented rationale for the Trauma Narrative and began the TN."	"Psychoeducation: Discussed the rationale for directly addressing the trauma experience."

	Name Brand Reporting: ANXIETY	**Treatment Category Reporting: ANXIETY**
Treatment Plan	"Coping Cat to address [specified anxiety disorder]. The treatment plan will follow the Coping Cat protocol."	"CBT for anxiety, specifically [specified anxiety disorder]. Will include the components of psychoeducation and exposure to the situation, worry, object or thing for which there is an unreasonable or inappropriate fear.
Session Progress Note	"Psychoeducation about anxiety", "Planned exposure"	"Psychoeducation about anxiety", "Planned exposure"

ELIGIBLE ENCOUNTER CODES AND REPORTING R/EBPS

EBPs should only be reported for psychotherapy sessions in which one of the allowable clinical elements is delivered by the therapist. These include only a subset of 908XX encounters in the SERI (Table 2). The state monitors the number of sessions using an EBP, not the number of clients. Therefore, healthcare activities falling outside of psychotherapy sessions are not recorded.

HCA reporting: To report EBPs for HCA claims, clinicians report only one type of EBP per encounter in the 2300 REF02 field of the 837 claim. The EBP number must be reported as a nine-digit number beginning with '860'. The next three digits must represent the appropriate EBP code as outlined in the Service Encounter Reporting Instructions (SERI). The last three digits must be reported as '000'.

Example: CBT for Anxiety would be: 860151000 with 151 representing the three-digit EBP code.

BHO reporting: To report EBPs for BHO claims, clinicians use the three digit code as a modifier to the encounter code (908XX) eligible for EBP reporting.

Example: CBT for Anxiety delivered in 60 minutes of one-on-one psychotherapy would be 90837-151.

Table 3 provides the list of codes for reporting EBPs. This crosswalk includes codes for generic training and name brand programs. Note that the generic training agencies often train on more than one treatment type and the codes for the training agency will change depending on the generic treatment category. For example, if a provider received training through the CBT+ Learning Collaborative and was delivering CBT for Anxious Children, the provider would code the service as 151 (CBT for Anxious Children), and if the provider was delivering CBT for Depressed Children/Adolescents then the provider would code the service as 153 (CBT for Depressed Children/Adolescents).

TABLE 2: SERI Encounter Codes Eligible for EBP Reporting

Description	Encounter Code
Psychotherapy, 30 minutes with patient and/or family member	**90832**
Psychotherapy, 45 minutes with patient and/or family member	**90834**
Psychotherapy, 60 minutes with patient and/or family member	**90837**
Family psychotherapy without patient present	**90846**
Family psychotherapy (conjoint psychotherapy) with patient present	**90847**
Multiple-family group psychotherapy	**90849**
Group psychotherapy (other than of a multiple-family group)	**90853**
Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	**90833**
Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	**90836**
Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	**90838**

TABLE 3: Codes for Evidence-Based Practices

ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)

Treatment Types	Program and Training Entity	R/EBP Code	Source
Parent Behavioral Therapy with or without the Child		**148**	
	Barkley Model	**003**	WSIPP 2018, Research-based Evans et al. 2014, Level 1
	Child Life and Attention Skills (CLAS)	**200**	Evans et al. 2014, Level 1
	Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES)	**201**	Evans et al. 2014, Level 1
	Incredible Years	**073**	Evans et al. 2014, Level 1
	New Forest Parenting Program	**181**	WSIPP 2018, Research-based Evans et al. 2014, Level 1
	Strategies to Enhance Positive Parenting (STEPP)	**202**	Evans et al. 2014, Level 1
	Harborview CBT+ Learning Collaborative	**148**	Training Entity
	University of Washington CE Certificate in EBP	**148**	Training Entity
	University of Washington MA in Applied Child and Adolescent Psychology	**148**	Training Entity
Uncategorized Programs	Multimodal Therapy (MMT) for children with ADHD	**091**	WSIPP 2018, Research-based
	Neurofeedback Training	**206**	Evans et al. 2014, Level 3
	Organizational Skills Training (OST)	**207**	Evans et al. 2014, Level 1

Table cont'd →

ANXIETY

Treatment Types	Program and Training Entity	R/EBP Code	Source
Cognitive Behavioral Therapy (CBT) for Anxiety		**151**	
	Acceptance and Commitment Therapy (ACT) for children with anxiety	**151**	WSIPP 2018, Research-based
	Cool Kids	**032**	WSIPP 2018, Evidence-based
	Coping Cat	**035**	WSIPP 2018, Evidence-based
	Coping Cat/Koala book based model	**157**	WSIPP 2018, Evidence-based
	Coping Koala	**158**	WSIPP 2018, Evidence-based
	Parent cognitive behavioral therapy (CBT) for children with anxiety	**187**	WSIPP 2018, Research-based
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**	WSIPP 2018, Evidence-based
	Effective Child Therapy/Society of Clinical Child and Adolescent Psychology	**151**	Training Entity
	Harborview CBT+ Learning Collaborative	**151**	Training Entity
	Managing and Adapting Practice (MAP)	**151**	Training Entity
	The Reach Institute (CATIE trainings)	**151**	Training Entity
	University of Washington CE Certificate in EBP	**151**	Training Entity
	University of Washington MA in Applied Child and Adolescent Psychology	**151**	Training Entity

Table cont'd →

DEPRESSION

AGE 7 TO 13			
Treatment Types	**Program and Training Entity**	**R/EBP Code**	**Source**
Cognitive Behavioral Therapy (CBT) for Depression		**153**	
	Acceptance and Commitment Therapy (ACT) for children with depression	**153**	WSIPP 2018, Research-based
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**	WSIPP 2018, Evidence-based
	Primary and Secondary Control Enhancement Training (PASCET)	**209**	Weersing et al. 2017, level 3
	Managing and Adapting Practice (MAP)	**153**	Training Entity
	Harborview CBT+ Learning Collaborative	**153**	Training Entity
	University of Washington MA in Applied Child and Adolescent Psychology	**153**	Training Entity
	University of Washington CE Certificate in EBP	**153**	Training Entity
	Effective Child Therapy/Society of Clinical Child and Adolescent Psychology	**153**	Training Entity
	The Reach Institute (CATIE trainings)	**153**	Training Entity

AGE 14 TO 24			
Cognitive Behavioral Therapy (CBT) for Depression		**153**	
	Acceptance and Commitment Therapy (ACT) for children with depression	**153**	WSIPP 2018, Research-based
	Coping With Depression – Adolescents	**159**	WSIPP 2018, Research-based Weersing et al. 2017, level 1

Table cont'd →

DEPRESSION (CONT'D)

AGE 14 TO 24 (cont'd)			
Treatment Types	**Program and Training Entity**	**R/EBP Code**	**Source**
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**	WSIPP 2018, Evidence-based
	Primary and Secondary Control Enhancement Training (PASCET)	**153**	Training Entity
	Effective Child Therapy/Society of Clinical Child and Adolescent Psychology	**153**	Training Entity
	Harborview CBT+ Learning Collaborative	**153**	Training Entity
	The Reach Institute (CATIE trainings)	**153**	Training Entity
	University of Washington MA in Applied Child and Adolescent Psychology	**153**	Training Entity
	University of Washington CE Certificate in EBP	**153**	Training Entity
Interpersonal Psychotherapy (IPT)		**210**	
Individual IPT	Individual-based IPT (12 sessions)	**210**	Weersing et al. 2017, level 1
Group IPT	Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)	**211**	Weersing et al. 2017, level 2
Uncategorized Programs	Attachment-Based Family Therapy	**212**	Weersing et al. 2017, level 3
	Blues Program (group CBT prevention program for high school students at risk for depression)	**149**	WSIPP 2018, Evidence-based

Table cont'd →

DISRUPTIVE BEHAVIOR (OPPOSITIONAL DEFIANT DISORDER OR CONDUCT DISORDER)

Treatment Types	Program and Training Entity	R/EBP Code	Source
Parent Behavioral Therapy with or without the Child		**148**	
	Brief PMTO	**188**	Kaminski & Claussen 2017, level 2
	Communication Method Program (COMET)	**148**	Kaminski & Claussen 2017, level 1
	Coping Power Program	**148**	WSIPP 2018, Research-based
	Enhanced Behavioral Family Intervention	**213**	Kaminski & Claussen 2017, level 3
	First Step to Success	**215**	Kaminski & Claussen 2017, level 2
	Group Parent-Child Interaction Therapy (PCIT)	**186**	WSIPP 2018, Evidence-based
	Helping the Noncompliant Child	**171**	WSIPP 2018, Research-based
	Incredible Years Basic	**073**	WSIPP 2018, Evidence-based Kaminski & Claussen 2017, level 1
	Incredible Years: Parent training + Child training	**076**	WSIPP 2018, Evidence-based
	Oregon Social Learning Program (OSLO)	**148**	Kaminski & Claussen 2017, level 1
	Parent Management Training Oregon (PMTO)	**188**	WSIPP 2018, Evidence-based Kaminski & Claussen 2017, level 1

Table cont'd →

DISRUPTIVE BEHAVIOR (OPPOSITIONAL DEFIANT DISORDER OR CONDUCT DISORDER) (CONT'D)

Treatment Types	Program and Training Entity	R/EBP Code	Source
	Parent Management Training (PMT)	**188**	Kaminski & Claussen 2017, level 1
	Parent-Child Interaction Therapy (PCIT)	**186**	WSIPP 2018, Evidence-based
	Social Learning Parent Training (Hanf model)	**214**	Kaminski & Claussen 2017, level 1
	Stop Now and Plan (SNAP)	**148**	WSIPP 2018, Research-based Kaminski & Claussen 2017, level 2
	Triple-P Positive Parenting Program: Level 4, Group	**139**	WSIPP 2018, Evidence-based Kaminski & Claussen 2017, level 1
	Triple-P Positive Parenting Program: Level 4, Individual	**140**	WSIPP 2018, Evidence-based
	Triple P Precursor	**140**	Kaminski & Claussen 2017, level 1
	Tuning Into Kids	**148**	Kaminski & Claussen 2017, level 2
	Child Parent Relationship Therapy	**148**	WSIPP 2018, Evidence-based
	Harborview CBT+ Learning Collaborative	**148**	Training Entity
	Managing and Adapting Practice (MAP)	**148**	Training Entity
	Research Units in Behavioral Intervention (RUBI)	**148**	Training Entity
	STAY	**148**	Training Entity
	The Reach Institute (CATIE trainings)	**148**	Training Entity

Table cont'd →

DISRUPTIVE BEHAVIOR (OPPOSITIONAL DEFIANT DISORDER OR CONDUCT DISORDER) (CONT'D)

Treatment Types	Program and Training Entity	R/EBP Code	Source
	University of Washington MA in Applied Child and Adolescent Psychology	**148**	Training Entity
	University of Washington CE Certificate in EBP	**148**	Training Entity
Child Behavioral Therapy (Individual)	Problem Solving Skills Training	**216**	Kaminski & Claussen 2017, level 2
Uncategorized Programs	Brief Strategic Family Therapy (BSFT)	**010**	WSIPP 2018, Evidence-based
	Choice Theory/Reality Therapy	**164**	WSIPP 2018, Research-based
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**	WSIPP 2018, Evidence-based
	Adlerian Play Therapy	**217**	Kaminski & Claussen 2017, level 2
	Group Activity Play Therapy	**218**	Kaminski & Claussen 2017, level 2

Table cont'd →

SERIOUS EMOTIONAL DISTURBANCE

Treatment Types	Program and Training Entity	R/EBP Code	Source
	Cognitive Behavioral Therapy in Prodromal/Early Episode Psychosis	**240**	WSIPP 2018, Research-based
	Collaborative Assessment and Management of Suicidality (CAMS)	**220**	Training Entity
	Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	**160**	WSIPP 2018, Research-based
	Family-Based Treatment (FBT) for Eating Disorders	**221**	Training Entity
	Individual Placement and Support for first-episode psychosis	**241**	WSIPP 2018, Research-based
	Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)	**180**	WSIPP 2018, Research-based

TRAUMA

Treatment Types	Program and Training Entity	R/EBP Code	Source
Cognitive Behavioral Therapy (CBT) for Trauma		**155**	
	Classroom-based intervention for war-exposed children	**013**	WSIPP 2018, Evidence-based
	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	**016**	WSIPP 2018, Evidence-based Dorsey et al. 2017, level 1
	Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	**162**	WSIPP 2018, Evidence-based
	Narrative Exposure Therapy (KID-NET)	**079**	WSIPP 2018, Evidence-based Dorsey et al. 2017, level 1
	Prolonged Exposure for Adolescents (PE-A)	**223**	Dorsey et al. 2017, level 1

Table cont'd →

TRAUMA (CONT'D)

Treatment Types	Program and Training Entity	R/EBP Code	Source
	Risk Reduction through Family Therapy (RRFT)	**224**	Dorsey et al. 2017, level 1
	Support for Students Exposed to Trauma (SSET)	**225**	Dorsey et al. 2017, level 1
	Teaching Recovery Techniques (TRT)	**155**	Dorsey et al. 2017, level 1
	Trauma Focused CBT for children	**136**	WSIPP 2018, Evidence-based Dorsey et al. 2017, level 1
	Trauma Grief Component Therapy	**137**	WSIPP 2018, Evidence-based
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**	WSIPP 2018, Evidence-based
	Harborview CBT+ Learning Collaborative	**155**	Training Entity
	Managing and Adapting Practice (MAP)	**155**	Training Entity
	The Reach Institute (CATIE trainings)	**155**	Training Entity
	University of Washington MA in Applied Child and Adolescent Psychology	**155**	Training Entity
	University of Washington CE Certificate in EBP	**155**	Training Entity
Uncategorized Programs	Child-Parent Psychotherapy	**163**	WSIPP 2018, Research-based
	Eye Movement Desensitization and Reprocessing (EMDR)	**043**	WSIPP 2018, Evidence-based Dorsey et al. 2017, level 2
	Group Mind-Body Skills	**222**	Dorsey et al. 2017, level 3
	Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	**226**	Dorsey et al. 2017, level 3

CORE ELEMENTS REPORTING GUIDES

PARENT BEHAVIORAL THERAPY WITH OR WITHOUT THE CHILD

TREATMENT FAMILY DESCRIPTIONS

Group or Individual Parent Behavior Training: A training that teaches parents skills for managing child behaviors (e.g. differential reinforcement, use of rewards/consequences, praise) without child participation.

Group or Individual Parent Behavior Training with Child Participation: A training that teaches parents skills for managing child behaviors with the child present. This can involve live action coaching of the parent to enhance the parent/child relationship or coaching the parents on behavior management techniques such as differential reinforcement.

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Praise

Description: Parental praise involves providing the rationale regarding the value of praise, demonstrating how to use labeled praise in interactions with their child, how to praise (tone of voice), and how to identify opportunities for praise (e.g. following good behavior).

b. Commands

Description: Provides the caregiver with strategies to clearly and consistently communicate instructions to the child.

c. Psychoeducation for parents

Description: Psychoeducation for caregivers involves educating the caregiver about how ADHD works.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Praise

Description: Parental praise involves providing the rationale regarding the value of praise, demonstrating how to use labeled praise in interactions with their child, how to praise (tone of voice), and how to identify opportunities for praise (e.g. following good behavior).

b. Commands

Description: Provides the caregiver with strategies to clearly and consistently communicate instructions to the child.

c. Psychoeducation for parents

Description: Psychoeducation for caregivers involves educating the caregiver about how ADHD works.

d. Relaxation skills

Description: Introducing relaxation skills involves talking about what relaxation is, increasing the child's awareness about his or her own tension, demonstrating what relaxation feels like in session, and teaching the child how to relax on demand in anxious situations.

e. Time out

Description: Time out involves the caregiver providing a rationale for the timeout, removing a child from all activities and attention, and revisiting the intended target behavior they need to see to avoid future consequences.

f. Problem solving — for the child

Description: Problem solving involves teaching the child how to clearly define their problem, generate possible solutions, examine the solutions, pick one to try out and then examine the effects.

g. Tangible Rewards

Description: Caregivers are taught to provide rewards when a child confronts a situation or object that causes distress or for other target behaviors.

h. Self-reward/self-praise

Description: Involves helping the child to identify opportunities which increase self-praise or self-reward and to increase their effort and performance of desirable behaviors.

i. Differential Reinforcement

Description: Teaching caregivers to remove attention and rewards from minor disruptive behaviors and to provide increased attention and rewards for appropriate behaviors.

j. Monitoring

Description: Observing and monitoring target behaviors which illuminate areas of concern and provide important information about treatment progress to the caregiver.

k. Therapist Praise/Rewards

Description: Similar to how caregivers use praise, therapists can use this as a mechanism for working on treatment goals, and to increase self-esteem and the child's/family's commitment to therapy. This can also be used with the caregiver to encourage participation.

l. Stimulus Control or Antecedent Management

Description: Assists the caregiver in identifying events that may lead to appropriate or inappropriate behavior.

m. Physical Exercise

Description: Assigning physical exercise which encourages the youth to engage in physically active activities, especially when they are experiencing an abundance of energy.

n. Self-verbalization

Description: Teaching the youth to reinforce or praise him or herself for on-task performance, how to use verbal instructions to guide task performance (saying tasks out loud), and to help the youth to work independently and improve performance by means of self-instruction.

COGNITIVE BEHAVIORAL THERAPY FOR ANXIETY

TREATMENT FAMILY DESCRIPTION

Cognitive behavioral therapy focuses on the interrelationship among thoughts, feelings, and behaviors, and is based on the premise that changes in any one domain can improve functioning in the other domains. CBT focuses on challenging and changing unhelpful or inaccurate cognitions (e.g. thoughts, beliefs, and attitudes), changing behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems. CBT approaches for anxiety include imaginal and in vivo exposure, psychoeducation, and creating opportunities for new learning about the client's ability to tolerate anxiety/distress, cognitive restructuring, and coping skills (e.g., relaxation skills training).

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Exposure

Description: Exposure is a practice to decrease anxiety associated with thoughts related to worry, objects or situations that are not dangerous. The child learns through practice to tolerate facing up to non-dangerous thoughts, objects or situations until the anxious feelings decrease or are tolerated.

b. Cognitive Restructuring

Description: Cognitive restructuring involves teaching children how thoughts can influence anxiety and helping them come up with more true and helpful thoughts.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Exposure

Description: Exposure is a practice to decrease anxiety associated with thoughts related to worry, objects or situations that are not dangerous. The child learns through practice to tolerate facing up to non-dangerous thoughts, objects or situations until the anxious feelings decrease or are tolerated.

b. Cognitive Restructuring

Description: Cognitive restructuring involves teaching children how thoughts can influence anxiety and helping them come up with more true and helpful thoughts.

c. Psychoeducation for Children

Description: Psychoeducation is providing information to children about anxiety and the CBT based model for treatment.

d. Psychoeducation for Caregivers

Description: Psychoeducation is providing information to caregivers about anxiety and the CBT based model for treatment.

e. Relaxation

Description: Teaching the child through modeling and practicing the difference between being relaxed and tense and how to induce a state of relaxation using breathing, tensing and relaxing muscle groups, guided imagery, and mindfulness.

f. Cognitive Coping

Description: Teaching the child to use self-talk or reappraisal to overcome, manage or tolerate anxious/worry thoughts.

g. Mood or Emotion Self-monitoring

Description: Self-monitoring involves teaching children to identify fear/anxiety/worry emotional states and develop a rating scale (e.g. a thermometer) for the intensity of the emotional state.

h. Self-reward/Self-praise

Description: Involves helping the child attend to and acknowledge efforts to face up to and handle their fears/anxieties/worries.

i. Rewards/Reinforcement

Description: Caregivers acknowledge, praise or give tangible rewards to the child for taking steps towards overcoming or managing their fears/anxieties/worries.

COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION

TREATMENT FAMILY DESCRIPTION

Cognitive behavioral therapy emphasizes the interrelationship among thoughts, feelings, and behaviors, and is based on the premise that changes in any one domain can improve functioning in the other domains. CBT for Depression involves behavioral activation/pleasant activity scheduling, psychoeducation, goal setting, and problem solving. CBT also focuses on challenging and changing unhelpful cognitions (e.g. thoughts, beliefs, and attitudes), changing unhelpful behaviors, improving emotional regulation, and developing personal coping strategies that target solving current problems.

ESSENTIAL CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Behavioral Activation

Description: Child engages in specific activities that lift mood or change child's negative thoughts. Activity scheduling involves planning and carrying out mood-elevating activities in child's day. Activities should be those which emphasize the link between positive activities and feeling good.

b. Problem Solving

Description: Problem solving involves teaching the child how to clearly define their problem, generate possible solutions, examine the solutions, pick one to try out and then evaluate the effects.

c. Cognitive Restructuring

Description: Involves teaching youth how to identify and counter negative thoughts that interfere with mood or motivation or functioning.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Behavioral Activation

Description: Child engages in specific activities that lift mood or change child's negative thoughts. Activity scheduling involves planning and carrying out mood-elevating activities in child's day. Activities should be those which emphasize the link between positive activities and feeling good.

b. Problem Solving

Description: Problem solving involves teaching the child how to clearly define their problem, generate possible solutions, examine the solutions, pick one to try out and then evaluate the effects.

c. Cognitive Restructuring

Description: Involves teaching youth how to identify and counter negative thoughts that interfere with mood or motivation or functioning.

c. Psychoeducation for Children

Description: Psychoeducation is providing information to children about depression and the CBT based model for treatment.

d. Psychoeducation for Caregivers

Description: Psychoeducation is providing information to caregivers about depression and the CBT based model for treatment.

f. Mood or Emotion Self-monitoring

Description: Self-monitoring involves teaching children to identify emotional states of being down or feeling pumped up and develop a rating scale (e.g., a thermometer) for the intensity of the emotional state.

g. Goal Setting

Description: A means to identify goals that are important to the child and a step by step process to achieve their desired outcomes.

h. Social Skills Training

Description: Uses modeling and practice to teach the child basic skills to develop positive peer relationships.

i. Self-reward/Self-praise

Description: Involves helping the child attend to and acknowledge efforts to get active, solve problems or takes steps towards goals.

j. Talent or Skill Building

Description: Assisting children in developing talents and skills that will induce positive self-regard.

k. Caregiver Coping

Description: Teaching the caregiver skills or strategies for reducing distress and managing feelings related to their child's depression symptoms.

l. Rewards/Reinforcement

Description: Caregiver acknowledges, praises or gives tangible rewards to the child for getting active, taking steps toward goals, problem solving.

INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSED ADOLESCENTS

TREATMENT FAMILY DESCRIPTION

Interpersonal Psychotherapy is a brief, attachment-focused psychotherapy that centers on resolving interpersonal problems and symptomatic recovery. IPT is based on the principal that relationships, life events and mood are interrelated.

ESSENTIAL CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Developing an Interpersonal Formulation

Description: Therapist assists/helps adolescent in seeing the relationship between their depressed mood and one of four identified interpersonal problem areas [grief, interpersonal disputes (role disputes), role transitions, interpersonal sensitivity (interpersonal deficits)].

b. Clarifying Roles

Description: Therapist helps client understand expectations that both sides have in a relationship and addresses whether or not those expectations need to be revised or reduced to alleviate depression. Also helps client understand the roles in relationships and their contribution to depression. Therapist may help the client to consider letting go of old roles, accepting new roles, renegotiating aspects of the role, and developing a sense of mastery over the new role.

c. Cognitive Restructuring

Description: Therapist helps adolescent identify, acknowledge and accept painful thoughts and develop new thoughts that may help lead to growth and change.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Developing an Interpersonal Formulation

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c. Cognitive Restructuring

Description: Therapist helps adolescent identify, acknowledge and accept painful thoughts and develop new thoughts that may help lead to growth and change.

d. Conduct an Interpersonal inventory

Description: Therapist conducts an interpersonal inventory through a review of the patient's patterns in relationships, capacity for intimacy and an evaluation of the quality of current relationships. This inventory can be done using the Closeness Circle where the therapist works with the client to identify and place all people with whom the adolescent has a relationship into the circles depending on degree of closeness that the adolescent feels with the person. The person in the circle could also be deceased, like a grandparent. Therapist may also use a "depression circle" that concretely documents the relationship between client's emotions/feelings (depressed mood) and events in client's interpersonal relationships.

e. Psychoeducation about depression and IPT

Description: Therapist gives information about depression, such as information about rates of depression, common symptoms and co-occurring problems, impact on functioning and effective treatment strategies.

f. Communication Analysis

Description: Therapist helps change client's indirect verbal and nonverbal communication to more direct, less ambiguous verbal communication.

g. Communication Skills

Description: Therapist teaches client effective communication strategies, including: communicating feelings, expectations and opinions directly and clearly; clarifying misperceptions made by the other person; seeing another person's point of view and using empathy appropriately; communicating when calm rather than when angry; and using "I statements" to express feelings.

h. Problem-solving

Description: Therapist helps client with making decisions related to the identified interpersonal problem area. This involves helping client consider a range of alternative behaviors/action that they can take in interpersonal problem areas and to assess the possible consequences associated with each of those actions. This may also be called Decision Analysis.

COGNITIVE BEHAVIORAL THERAPY FOR TRAUMA

TREATMENT FAMILY DESCRIPTION

Individual CBT: Cognitive behavioral therapy focuses on the interrelationship among thoughts, feelings, and behaviors, and is based on the premise that changes in any one domain can improve functioning in the other domains. CBT for trauma impact focuses on helping the child to face up to and manage distressing memories and reminders and challenging and changing unhelpful or inaccurate cognitions (e.g. thoughts, beliefs, and attitudes) related to the trauma. Child-focused CBT approaches for trauma include psychoeducation, coping skills, imaginal and in vivo exposure to reduce avoidance and maladaptive associations with trauma, and cognitive processing. CBT for trauma may also address changing unhelpful behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

Individual CBT with Parent: Individual CBT with parent includes mostly separate parallel sessions with parents. Parent sessions include same treatment elements as child sessions. Some treatment sessions include parent and child together.

ESSENTIAL CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Exposure

Description: Exposure is a practice to decrease anxiety associated with remembering the trauma or reminders of the trauma (people, places, objects, situations). The child learns through practice to tolerate remembering the trauma and to face up to non-dangerous reminders of the trauma in vivo.

b. Cognitive Processing

Description: Cognitive processing involves identification of untrue or unhelpful thoughts about the trauma and its aftermath and adopting more helpful ways to think about the trauma and its aftermath.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Exposure

Description: Exposure is a practice to decrease anxiety associated with remembering the trauma or reminders of the trauma (people, places, objects, situations). The child learns through practice to tolerate remembering the trauma and to face up to non-dangerous reminders of the trauma in vivo.

b. Cognitive Processing

Description: Cognitive processing involves identification of untrue or unhelpful thoughts about the trauma and its aftermath and adopting more helpful ways to think about the trauma and its aftermath.

c. Psychoeducation for Children

Description: Psychoeducation is providing information to children about trauma, trauma impact and the CBT based model for treatment.

d. Psychoeducation for Caregivers

Description: Psychoeducation is providing information to caregivers about trauma, trauma impact and the CBT based model for treatment.

e. Relaxation

Description: Teaching the child though modeling and practice the difference between being relaxed and tense and how to induce a state of relaxation using breathing, tensing and relaxing muscles groups, guided imagery, and mindfulness.

f. Cognitive Coping

Description: Teaching the child to use self-talk or reappraisal to overcome, manage or tolerate fearful/anxious/worry thoughts related to the trauma.

g. Mood or Emotion Self-Monitoring

Description: Self-monitoring involves teaching children to identify trauma-related fear/anxiety/worry emotional states and develop a rating scale (e.g., a thermometer) for the intensity of the emotional state.

h. Self-reward/Self-praise

Description: Involves helping the child attend to and acknowledge efforts to face up to and handle their fears/anxieties/worries about the trauma.

i. Rewards/Reinforcement

Description: Caregivers acknowledge praise or give tangible rewards to the child for taking steps towards overcoming or managing their trauma-related fears/anxieties or worries about the trauma.

j. Personal Safety Skills

Description: Helping the child understand issues related to personal safety and teaching them to assess risk and develop strategies for maintaining personal safety.

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